

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

ADDRESS (number and street)

2300 REXWOODS DRIVE SUITE 340

☐Check if different
than previously
reported. (ACC)

RALEIGH

NC

27607

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIPCODE

C00235184

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2010

through

03

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

AMY M. CAVE

Signature of Treasurer

Electronically Filed by AMY M. CAVE

Date

04

13

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 27

Write or Type Committee Name

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 3D D
3 1Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		91186.67
(b) Cash on Hand at Beginning of Reporting Period	91186.67	
(c) Total Receipts (from Line 19)	29673.99	29673.99
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	120860.66	120860.66
7. Total Disbursements (from Line 31)	18630.98	18630.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	102229.68	102229.68
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 27

Write or Type Committee Name

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	3	0	3	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	7850.00	7850.00
(ii) Unitemized	21820.00	21820.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	29670.00	29670.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	29670.00	29670.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	3.99	3.99
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	29673.99	29673.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29673.99	29673.99

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	380.98	380.98	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	380.98	380.98	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	17250.00	17250.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18630.98	18630.98	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18630.98	18630.98	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	29670.00	29670.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29670.00	29670.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	380.98	380.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	380.98	380.98

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A.

Full Name (Last, First, Middle Initial)

JOHN ARCHER, III

Mailing Address 515 SHELLEY DRIVE

City

GOLDSBORO

State

NC

Zip Code

27534

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARCHER FARMS

Occupation

PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.11547

Amount of Each Receipt this Period

500.00

RAFFLE TICKETS - 2/4/10

B.

Full Name (Last, First, Middle Initial)

JAKE BARROW

Mailing Address 3623 NORTH MAIN ST.

City

FARMVILLE

State

NC

Zip Code

27828

FEC ID number of contributing
federal political committee.

C

Name of Employer
L.L. MURPHREY COMPANY

Occupation

PRODUCTION MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.11552

Amount of Each Receipt this Period

350.00

RAFFLE TICKETS - 2/4/10

C.

Full Name (Last, First, Middle Initial)

GARTH BOYD

Mailing Address 722 N. ANDERSON BLVD.

City

TOPSAIL BEACH

State

NC

Zip Code

28445

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAMCO

Occupation

SENIOR VP, AGRICULTURAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.11559

Amount of Each Receipt this Period

400.00

RAFFLE TICKETS - 2/4/10

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A.

Full Name (Last, First, Middle Initial)
DON BUTLER

Mailing Address 3831 BEULAH ROAD

City State Zip Code
CLINTON NC 28328

FEC ID number of contributing
federal political committee.

C

Name of Employer
MURPHY BROWN, LLC

Occupation
Dir of Govt Relations & Pub Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.11563

Amount of Each Receipt this Period

500.00

RAFFLE TICKETS - 2/4/10

B.

Full Name (Last, First, Middle Initial)
TOM BUTLER

Mailing Address 235 POWELL FARM ROAD

City State Zip Code
LILLINGTON NC 27546

FEC ID number of contributing
federal political committee.

C

Name of Employer
BUTLER FARMS

Occupation
OWNER/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.11564

Amount of Each Receipt this Period

400.00

RAFFLE TICKETS - 2/4/10

C.

Full Name (Last, First, Middle Initial)
WENDY CRAIG

Mailing Address 864 CUMNOCK RD

City State Zip Code
SANFORD NC 27330

FEC ID number of contributing
federal political committee.

C

Name of Employer
CRAIG FAMILY FARMS LLC

Occupation
CO-OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.11572

Amount of Each Receipt this Period

300.00

RAFFLE TICKETS - 2/4/10

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 / 27

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A.

Full Name (Last, First, Middle Initial)

EDWARD DAIL

Mailing Address 843 HWY 24 EAST

City

KENANSVILLE

State

NC

Zip Code

28349

FEC ID number of contributing
federal political committee.

C

Name of Employer
DAIL BROTHERS FARM

Occupation

PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: SA11AI.11575

Amount of Each Receipt this Period

300.00

RAFFLE TICKETS - 2/4/10

B.

Full Name (Last, First, Middle Initial)

MARK DAUGHTRY

Mailing Address 443 DAUGHTRY TOWN RD

City

CLINTON

State

NC

Zip Code

28328

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRESTAGE FARMS

Occupation

PRODUCTION MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: SA11AI.11577

Amount of Each Receipt this Period

280.00

AUCTION - 2/4/10

C.

Full Name (Last, First, Middle Initial)

HENRY E FAISON

Mailing Address 302 LAKE DRIVE

City

CLINTON

State

NC

Zip Code

28328

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENETIC IMPROVEMENT SERVI-
CES

Occupation

TRANSPORTATION COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: SA11AI.11581

Amount of Each Receipt this Period

500.00

RAFFLE TICKETS - 2/4/10

SUBTOTAL of Receipts This Page (optional)

1080.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A.

Full Name (Last, First, Middle Initial)

KIM GRIFFIN

Mailing Address PO BOX 369

City

LIBERTY

State

NC

Zip Code

27298

FEC ID number of contributing
federal political committee.

C

Name of Employer
KLS SWINE FARM, LLC

Occupation

PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: SA11AI.11592

Amount of Each Receipt this Period

300.00

RAFFLE TICKETS - 2/4/10

B.

Full Name (Last, First, Middle Initial)

STEVE METCALF

Mailing Address P.O. BOX 1694

City

ASHEVILLE

State

NC

Zip Code

28802

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE POLICY GROUP, INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: SA11AI.11647

Amount of Each Receipt this Period

300.00

RAFFLE TICKETS - 2/4/10

C.

Full Name (Last, First, Middle Initial)

HENRY MOORE, III

Mailing Address 3080 GARLAND HIGHWAY

City

CLINTON

State

NC

Zip Code

28328

FEC ID number of contributing
federal political committee.

C

Name of Employer
BOBCAT FARMS, LLC

Occupation

OWNER/MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: SA11AI.11652

Amount of Each Receipt this Period

450.00

RAFFLE TICKETS - 2/4/10

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A.

Full Name (Last, First, Middle Initial)

THOMAS R NEESE, III

Mailing Address 3809 MADISON AVENUE

City

GREENSBORO

State

NC

Zip Code

27403

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEESE SAUSAGE CO.

Occupation
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.11657

Amount of Each Receipt this Period

500.00

RAFFLE TICKETS - 2/4/10

B.

Full Name (Last, First, Middle Initial)

BEN OUTLAW

Mailing Address 665 SANDERSON ROAD

City

SEVEN SPRINGS

State

NC

Zip Code

28578

FEC ID number of contributing
federal political committee.

C

Name of Employer
L.L. MURPHREY COMPANY

Occupation
PRODUCER SUPERVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.11661

Amount of Each Receipt this Period

250.00

RAFFLE TICKETS - 2/4/10

C.

Full Name (Last, First, Middle Initial)

GARLAND PARKER

Mailing Address 735 CARLTON ST

City

CLAYTON

State

NC

Zip Code

27520

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHR. HANSEN INC.

Occupation
SWINE ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.11664

Amount of Each Receipt this Period

400.00

RAFFLE TICKETS - 2/4/10

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A.

Full Name (Last, First, Middle Initial)
LAWRENCE PARKS

Mailing Address 554 HAYES CHAPEL ROAD

City State Zip Code
ROSE HILL NC 28458

FEC ID number of contributing
federal political committee.

C

Name of Employer
PARKS LIVESTOCK

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.11665

Amount of Each Receipt this Period

300.00

RAFFLE TICKETS - 2/4/10

B.

Full Name (Last, First, Middle Initial)
JOHN PRESTAGE

Mailing Address 305 EAST ARROWHEAD DRIVE

City State Zip Code
CLINTON NC 28328

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRESTAGE FARMS

Occupation
SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.11675

Amount of Each Receipt this Period

300.00

RAFFLE TICKETS - 2/4/10

C.

Full Name (Last, First, Middle Initial)
KIM QUINN

Mailing Address PO BOX 336

City State Zip Code
KENANSVILLE NC 28349-0336

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRIMA TECH

Occupation
SALESPERSON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.11679

Amount of Each Receipt this Period

300.00

RAFFLE TICKETS - 2/4/10

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A.

Full Name (Last, First, Middle Initial)

ANDREW SMYTHE

Mailing Address 4217 PENROSE VALLEY CIRCLE

City

CARY

State

NC

Zip Code

27511

FEC ID number of contributing
federal political committee.

C

Name of Employer
NOVARTIS ANIMAL HEALTH

Occupation

KEY ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: SA11AI.11696

Amount of Each Receipt this Period

120.00

AUCTION - 2/4/10

B.

Full Name (Last, First, Middle Initial)

REGINALD STRICKLAND

Mailing Address 671 HOLLINGSWORTH RD

City

MOUNT OLIVE

State

NC

Zip Code

28365

FEC ID number of contributing
federal political committee.

C

Name of Employer
STRICKLAND HOG FARMS

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: SA11AI.11853

Amount of Each Receipt this Period

500.00

RAFFLE TICKETS - 2/4/10

C.

Full Name (Last, First, Middle Initial)

TIMMY THOMAS

Mailing Address 8181 OXFORD ROAD

City

TIMBERLAKE

State

NC

Zip Code

27583

FEC ID number of contributing
federal political committee.

C

Name of Employer
THOMAS FARMS PORK INC.

Occupation

CO-OWNER/FARM MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: SA11AI.11711

Amount of Each Receipt this Period

300.00

RAFFLE TICKETS - 2/4/10

SUBTOTAL of Receipts This Page (optional)

920.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A.

Full Name (Last, First, Middle Initial)

JOE VILLARI

Mailing Address 892 PENNY BRANCH RD

City

WARSAW

State

NC

Zip Code

28398

FEC ID number of contributing
federal political committee.

C

Name of Employer
S & J VILLARI LIVESTOCKOccupation
MANAGER

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: SA11AI.11863

Amount of Each Receipt this Period

300.00

RAFFLE TICKETS - 2/4/10

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

7850.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A.

Full Name (Last, First, Middle Initial)

BRANCH BANK & TRUST

Mailing Address MAIN, 200 EAST CHATHAM STREET

City CARY State NC Zip Code 27511-0670

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11542

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Amount of Each Disbursement this Period

380.98

SUBTOTAL of Disbursements This Page (optional)

380.98

TOTAL This Period (last page this line number only)

380.98

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A.

Full Name (Last, First, Middle Initial)

COM.TO ELECT BOB ETHERIDGE

Mailing Address PO BOX 1059

City
LILLINGTON

State
NC

Zip Code
27546

Purpose of Disbursement
CONTRIBUTION

Candidate Name
BOB ETHERIDGE

Office Sought: ☒ House
☐ Senate
☐ President

State: NC District: 02

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.11510

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 / 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A. Full Name (Last, First, Middle Initial)
COM.TO ELECT ALMA ADAMS

Mailing Address 2109 LIBERTY VALLEY ROAD

City Greensboro State NC Zip Code 27406

Purpose of Disbursement
CONTRIBUTIONCandidate Name
ALMA ADAMS011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 58

Transaction ID: SB29.11494

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	0

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
COM.TO ELECT ANDREW BROCK

Mailing Address 2207 FARMINGTON ROAD

City Mocksville State NC Zip Code 27028

Purpose of Disbursement
CONTRIBUTIONCandidate Name
ANDREW BROCK011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 34

Transaction ID: SB29.11503

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	1	0

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
COM.TO ELECT BECKY CARNEY

Mailing Address P.O. BOX 32873

City Charlotte State NC Zip Code 28232

Purpose of Disbursement
CONTRIBUTIONCandidate Name
BECKY CARNEY011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District:

Transaction ID: SB29.11505

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	1	0

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A. Full Name (Last, First, Middle Initial) COM.TO ELECT BRYAN HOLLOWAY	Transaction ID: SB29.11520
Mailing Address 1165 STERLING POINTE DRIVE	Date of Disbursement
City KING State NC Zip Code 27021	<div> <div>02</div> <div>15</div> <div>2010</div> </div>
Purpose of Disbursement CONTRIBUTION	Amount of Each Disbursement this Period
Candidate Name BRYAN HOLLOWAY	<div>250.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 91 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type
B. Full Name (Last, First, Middle Initial) COM.TO ELECT DALE FOLWELL	Transaction ID: SB29.11508
Mailing Address 299 S. WESTVIEW DRIVE	Date of Disbursement
City WINSTON SALEM State NC Zip Code 27104	<div> <div>01</div> <div>18</div> <div>2010</div> </div>
Purpose of Disbursement CONTRIBUTION	Amount of Each Disbursement this Period
Candidate Name DALE FOLWELL	<div>500.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 74 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type
C. Full Name (Last, First, Middle Initial) COM.TO ELECT DAN BLUE	Transaction ID: SB29.11500
Mailing Address 4917 LONG POINT CT.	Date of Disbursement
City RALEIGH State NC Zip Code 27604	<div> <div>02</div> <div>15</div> <div>2010</div> </div>
Purpose of Disbursement CONTRIBUTION	Amount of Each Disbursement this Period
Candidate Name DAN BLUE	<div>1000.00</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 14 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A. Full Name (Last, First, Middle Initial) COM.TO ELECT DANNY MCCOMAS	Transaction ID: SB29.11526 Date of Disbursement																				
Mailing Address P.O. BOX 2274	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	9		2	0	1	0												
City WILMINGTON State NC Zip Code 28402	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name DANNY MCCOMAS	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 19	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) COM.TO ELECT DAVID GUICE	Transaction ID: SB29.11513 Date of Disbursement																				
Mailing Address 297 CARDINAL DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	1	0												
City BREVARD State NC Zip Code 28712	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																			
250.00																					
Candidate Name DAVID GUICE	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) COM.TO ELECT EARL JONES	Transaction ID: SB29.11524 Date of Disbursement																				
Mailing Address 21 LONEY CIRCLE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	0												
City GREENSBORO State NC Zip Code 27406	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																			
250.00																					
Candidate Name EARL JONES	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 60	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A. Full Name (Last, First, Middle Initial) COM.TO ELECT ED JONES Mailing Address PO BOX 786	Transaction ID: SB29.11525 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 2 / 2 0 1 0</div> </div>
City ENFIELD State NC Zip Code 27823 Purpose of Disbursement CONTRIBUTION Candidate Name ED JONES Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 04	Amount of Each Disbursement this Period <div>250.00</div> <div>011</div> Category/ Type
B. Full Name (Last, First, Middle Initial) COM.TO ELECT FLETCHER HARTSELL Mailing Address 129 OVERBROOK DRIVE City CONCORD State NC Zip Code 28025 Purpose of Disbursement CONTRIBUTION Candidate Name FLETCHER HARTSELL Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 36	Transaction ID: SB29.11518 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 8 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type
C. Full Name (Last, First, Middle Initial) COM.TO ELECT FRED STEEN Mailing Address PO BOX 308 City LANDIS State NC Zip Code 28088 Purpose of Disbursement CONTRIBUTION Candidate Name FRED STEEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 76	Transaction ID: SB29.11534 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 9 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>500.00</div> <div>011</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A. Full Name (Last, First, Middle Initial) COM.TO ELECT HAROLD BRUBAKER	Transaction ID: SB29.11504 Date of Disbursement																				
Mailing Address 215 BACK CREEK CHURCH RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	8		2	0	1	0												
City ASHEBORO State NC Zip Code 27203	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name HAROLD BRUBAKER	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 78	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) COM.TO ELECT JAMES CRAWFORD	Transaction ID: SB29.11506 Date of Disbursement																				
Mailing Address 509 COLLEGE STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	8		2	0	1	0												
City OXFORD State NC Zip Code 27565	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name JAMES CRAWFORD	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 32	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) COM.TO ELECT JEFF BARNHART	Transaction ID: SB29.11497 Date of Disbursement																				
Mailing Address PO BOX 246	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	8		2	0	1	0												
City CONCORD State NC Zip Code 28026-0246	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name JEFF BARNHART	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 82	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A. Full Name (Last, First, Middle Initial) COM.TO ELECT JOSH STEIN	Transaction ID: SB29.11535 Date of Disbursement
Mailing Address P.O. BOX 10382	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 5 / 2 0 1 0</div> </div>
City RALEIGH State NC Zip Code 27605	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>500.00</div>
Candidate Name JOSH STEIN	<div>011</div> <div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 16	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) COM.TO ELECT JULIA HOWARD	Transaction ID: SB29.11521 Date of Disbursement
Mailing Address 203 MAGNOLIA AVENUE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 8 / 2 0 1 0</div> </div>
City MOCKSVILLE State NC Zip Code 27028	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>500.00</div>
Candidate Name JULIA HOWARD	<div>011</div> <div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 79	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) COM.TO ELECT LARRY BELL	Transaction ID: SB29.11499 Date of Disbursement
Mailing Address 908 SW BOULEVARD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 8 / 2 0 1 0</div> </div>
City CLINTON State NC Zip Code 28328	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>500.00</div>
Candidate Name LARRY BELL	<div>011</div> <div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 21	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A. Full Name (Last, First, Middle Initial)
COM.TO ELECT LINDA JOHNSON

Mailing Address 1205 BERKSHIRE DRIVE

City KANNAPOLIS State NC Zip Code 28081

Purpose of Disbursement
CONTRIBUTIONCandidate Name
LINDA JOHNSON011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 83

Transaction ID: SB29.11523

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 1 0

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
COM.TO ELECT LUCY ALLEN

Mailing Address 312 N. MAIN STREET

City LOUISBURG State NC Zip Code 27549

Purpose of Disbursement
CONTRIBUTIONCandidate Name
LUCY ALLEN011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 49

Transaction ID: SB29.11496

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 1 0

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
COM.TO ELECT MAGGIE JEFFUS

Mailing Address 1801 ROLLING ROAD

City GREENSBORO State NC Zip Code 27403

Purpose of Disbursement
CONTRIBUTIONCandidate Name
MAGGIE JEFFUS011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 59

Transaction ID: SB29.11522

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 2 2 / 2 0 1 0

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 / 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A. Full Name (Last, First, Middle Initial)
COM.TO ELECT MARC BASNIGHT

Mailing Address 7623 VIRGINIA DARE TRAIL

City NAGS HEAD State NC Zip Code 27959

Purpose of Disbursement

CONTRIBUTION

Candidate Name

MARC BASNIGHT

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 01

Transaction ID: SB29.11498

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	8	/	2	0	1	0

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
COM.TO ELECT MARGARET DICKSON

Mailing Address 501 VALLEY ROAD

City FAYETTEVILLE State NC Zip Code 28305

Purpose of Disbursement

CONTRIBUTION

Candidate Name

MARGARET DICKSON

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 44

Transaction ID: SB29.11507

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	1	0

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
COM.TO ELECT MARK HILTON

Mailing Address 1351 NORTHERN DRIVE, NW

City CONOVER State NC Zip Code 28613

Purpose of Disbursement

CONTRIBUTION

Candidate Name

MARK HILTON

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 96

Transaction ID: SB29.11519

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	1	/	2	0	1	0

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A. Full Name (Last, First, Middle Initial) COM.TO ELECT MITCHELL SETZER	Transaction ID: SB29.11532 Date of Disbursement																				
Mailing Address P.O. BOX 416	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	1	0												
City CATAWBA State NC Zip Code 28609	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																			
250.00																					
Candidate Name MITCHELL SETZER	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 89	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) COM.TO ELECT MITCH GILLESPIE	Transaction ID: SB29.11512 Date of Disbursement																				
Mailing Address 185 CROSS CREEK N. RIDGE DR.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	1	0												
City MARION State NC Zip Code 28752	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name MITCH GILLESPIE	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 85	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) COM.TO ELECT PHIL HAIRE	Transaction ID: SB29.11517 Date of Disbursement																				
Mailing Address PO BOX 727	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	8		2	0	1	0												
City SYLVA State NC Zip Code 28779	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name PHIL HAIRE	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A. Full Name (Last, First, Middle Initial)
COM.TO ELECT PHILLIP FRYE

Mailing Address P.O. BOX 589

City SPRUCE PINE State NC Zip Code 28777

Purpose of Disbursement
CONTRIBUTION

Candidate Name
PHILLIP FRYE

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 84

Transaction ID: SB29.11511

Date of Disbursement

02 / 11 / 2010

Amount of Each Disbursement this Period

250.00

B. Full Name (Last, First, Middle Initial)
COM.TO ELECT RICHARD STEVENS

Mailing Address 132 LOCHWOOD WEST DRIVE

City CARY State NC Zip Code 27511

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RICHARD STEVENS

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 17

Transaction ID: SB29.11536

Date of Disbursement

02 / 09 / 2010

Amount of Each Disbursement this Period

250.00

C. Full Name (Last, First, Middle Initial)
COM.TO ELECT ROGER WEST

Mailing Address P.O. BOX 160

City MARBLE State NC Zip Code 28905

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ROGER WEST

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District:

Transaction ID: SB29.11541

Date of Disbursement

02 / 11 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A. Full Name (Last, First, Middle Initial) COM.TO ELECT THOM TILLIS	Transaction ID: SB29.11537 Date of Disbursement																				
Mailing Address 16116 NORTH POINT ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	8		2	0	1	0												
City HUNTERSVILLE State NC Zip Code 28078	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																			
250.00																					
Candidate Name THOM TILLIS	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 98	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) COM.TO ELECT VAN BRAXTON	Transaction ID: SB29.11501 Date of Disbursement																				
Mailing Address 1512 SURRY ST.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	1	0												
City KINSTON State NC Zip Code 28504	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name VAN BRAXTON	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) COM.TO ELECT WILLIAM BRISSON	Transaction ID: SB29.11502 Date of Disbursement																				
Mailing Address P.O. BOX 531	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	1	0
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0	2		1	5		2	0	1	0												
City DUBLIN State NC Zip Code 28332	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name WILLIAM BRISSON	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 22	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A.

Full Name (Last, First, Middle Initial)

COM.TO ELECT WIL NEUMANN

Mailing Address 3215 GRANGE COURT

City
BELMONT

State
NC

Zip Code
28012

Purpose of Disbursement
CONTRIBUTION

Candidate Name
WIL NEUMANN

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District:

Transaction ID: SB29.11527

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2010

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

17250.00